

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-20328		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN CITY LEBANON		DATE OF CRASH 11/12/09		DAY SAT		TIME: MILITARY 1706	
CRASH OCCURRED ON PRIVATE PROPERTY		WITHIN THE INTERSECTION OF		IF NOT IN INTERSECTION		MILES 300 FEET W S E OF Columbus Ave		CITY CODE 8303	
LOG-1		LOG-2		LOC JUR FH9 FILT					
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input checked="" type="checkbox"/>		INSURANCE CO OR AGENT UNKNOWN			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) UNKNOWN		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS				PHONE			
VEH YR		MAKE		MODEL		COLOR		STYLE	
2010		HONDA		ACCORD		BLACK		4H	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
8 UNIT NO. 2		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT GRANGE Ins Co			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) NONE		ADDRESS NONE							
PHONE NO. NONE		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME) BLOSSER, KRISTINE S		ADDRESS 6123 ST. RT 350 GREGONIA, OH 45054				PHONE NONE GIVEN			
VEH YR 2010		MAKE HONDA		MODEL ACCORD		COLOR BLACK		STYLE 4H	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		INJURIES	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		CONDITION	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		RESTRAINTS	
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL	
D E F		INJURED TAKEN TO		By		A B C D E F		TESTED	
A B C		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		EJECTION		DRUGS	
O B C		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		TESTED	
RECEIVED CALL 1706		DISPATCHED 1707		ARRIVED 1708		CLEARED 1712		OTHER TIME 20	
DATE REPORT FILED 11/10/09		PHOTOS YES		OFFICER'S NAME PH. Todd #116		BADGE NO. 116		CHECKED BY	

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO